



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

June 15, 2010

Approved
6/22/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kathy Watt, <i>Co-Chair</i>	Jeffrey Goodman, <i>Co-Chair</i>	Aaron Fox	Jane Nachazel
Douglas Frye	Thelma James	Paul Hebblethwaite	Glenda Pinney
Michael Green	Tonya Washington-Hendricks	Miki Jackson	Craig Vincent-Jones
Bradley Land		Osvaldo Sanchez	
Ted Liso		Scott Singer	
Anna Long		Steve Wayland	HIV EPI AND OAPP STAFF
Abad Lopez		Jason Wise	
Quentin O'Brien			Juhua Wu

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- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 6/1/2010
- 3) **PowerPoint:** Other Streams of Funding for HIV/AIDS Services, 6/15/2010
- 4) **Table:** Fiscal Year 2011 Service Category Rankings, 6/15/2010
- 5) **List:** Fiscal Year 2011 Priority- and Allocation-Setting, Paradigms and Operating Values to be Ratified, 2/23/2010
- 6) **Table:** HIV/AIDS Continuum of Care, 4/22/2009
- 7) **List:** HIV Service Category Definitions, 4/28/2009
- 8) **Policy Notice:** HIV/AIDS Bureau Policy Notice 10-02, Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services, 4/8/2010
- 9) **Spreadsheet:** OAPP Recommendations for YR 21 Ryan White Part A/Part B Allocations, 6/15/2010

1. **CALL TO ORDER:** Ms. Watt called the meeting to order at 1:45 pm. Participants identified conflicts of interests.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 6/1/2010 Priorities and Planning (P&P) Committee Meeting minutes corrected to bold Case Management, Home-based to reflect that it is a core medical service (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** Ms. Watt congratulated the Committee for the 6/10/2010 Commission's approval of priority rankings.

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8. **FY 2009/2010 EXPENDITURES:** This item was postponed.

9. **FY 2011 PRIORITY- AND ALLOCATION-SETTING:**

A. **Allocation-Setting:**

- Dr. Green presented an Office of AIDS Programs and Policy (OAPP) table that compares FY 2010 (YR 20) allocations with FY 2011 (YR 21) Part A/Part B allocation recommendations. Percentages assumed stable funding, but may be lower in FY 2011 as the State shift to Single Allocation Model (SAM) funding resulted in higher funds for YR 20.
- He noted that Minority AIDS Initiative (MAI) additionally support Early Intervention Services (EIS), Oral Health Care Services and Case Management (CM), Medical, and were not included in OAPP's allocation recommendations. OAPP is not recommending any changes to allocations for those services. The Commission previously approved MAI allocations for the three-year cycle that began in March 2010.
- The Commission can make recommendations for, but not allocate, Net County Costs (NCC). The Commission also routinely monitors financial expenditures, including NCC, in order to be aware of the total funding picture. Dr. Green noted federal Maintenance of Effort (MOE) NCC requirements have changed. Previously allowed MOE contributions for prevention services no longer meet MOE requirements.
- Most recommendations maintain current funding. In some categories solicitations are in progress which may or may not be completed in FY 2011. In other cases, fairly new contracts are in place, so changes are not considered necessary now.
- The Chief Executive Office (CEO) has also added 90 days for amending contracts to the already lengthy process, so such allocations voted in July likely could not be implemented by start of FY 2011. OAPP's delegated authority to augment contracts up to 25% is not affected and should be sufficient when no special challenges have been identified.
- He suggested the P-and-A process begin in August going forward to account for the CEO process change. The Committee will address changing its process schedule after completion of this cycle. Mr. Land noted the change needs to be forwarded to the Executive Committee so they can adjust the Workplan accordingly.
- OAPP recommended an increase to CM, Home-based from 0.8% to 6.8%. Most of these services received State direct-funding until that funding source was eliminated last year. OAPP absorbed as much as possible from sources, including NCC. Part A funding reflects that this is a core medical service and also helps maintain the HRSA-required 75% funding for core medical services.
- An increase to Mental Health Services (MH), Psychiatry was also recommended from 2.5% to 2.9%. Provider capacity has expanded to allow an increased number of psychiatrists and psychiatric billing hours not available in the past to meet the need.
- OAPP recommended a reduction to Hospice and Skilled Nursing Services from 2.0% to 1.5%. The reduction is based on utilization and forecasted expenditures. It will be rebid as part of Residential Services, which is also funded by NCC. It is hoped the RFP will identify new providers. OAPP also set up purchase orders with a number of providers that agreed to provide these services per OAPP service descriptions and Commission standards of care, but the providers did not do so.
- Several participants noted the need is there, but there is discrimination against PWH even when beds are supposedly available, because OAPP allegedly pays at a lower rate. Ms. Watt added there is a particular problem with older transgenders. They are often released from hospitals to one of the facilities on Fountain, but the facilities do not accommodate them properly unless her staff trains their staff on transgender issues. She noted nursing schools use the facilities for training, so turnover is high. That requires continued training although some of the younger people are more aware. Ms. Jackson added facilities prefer non-ambulatory clients.
- OAPP recommended a decrease for EIS from 3.2% to 2.0%. OAPP re-calculated contracts after the State funding was eliminated last year. The reduction reflects that one provider chose not to renew its contract. MAI funding includes unspent funds for EIS from the previous grant cycle, funds from the new grant cycle, and funds from an overlap between the two. The MAI programs, in particular, have been especially effective in transitioning the newly diagnosed into care.
- Dr. Frye expected EIS to increase in the next two years, e.g., through Partner Services. Dr. Green said it will be rebid in the next 18 months, which is the only way to increase providers and align it with possible Health Care Reform changes.
- The following reflects percentage decreases recommended based on continuing the current funding levels into the subsequent year: Medical Outpatient/Medical Specialty, including the Therapeutic Monitoring Program and Local Pharmacy Programs/Drug Reimbursement, 58.5% to 57.3%; MH, Psychotherapy, 6.5% to 5.3%; CM, Medical, 1.5% to 1.2%; CM, Psychosocial, 7.6% to 6.5%; CM, Transitional, 1.5% to 1.2%; and Substance Abuse Services, Residential, 6.5% to 5.9%. While the funding level remains the same, its percentage decreases based on projecting a larger pool of funds.
- Mr. O'Brien noted that the Department of Mental Health eliminated HIV-specific mental health funding. He asked if it might be increased. Dr. Green noted that OAPP prefers to maintain the funding level until it is resolicited.

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- Dr. Green added that CM, Medical and Psychosocial contracts will change with the advent of Medical Care Coordination (MCC). He anticipated RFP release in October after release of the Transition Advisory Committee report in August or September. Mr. Vincent-Jones said the MCC financial assessment indicated a strong probability of cost neutrality.
- Dr. Green noted MCC must be reported to HRSA as expenditures and service units for HRSA reportable services, i.e., CM, Medical and Non-Medical, and that OAPP intends to continue allocating to CM, Medical, a core medical service, and CM, Psychosocial, a support service. OAPP has advocated for a HRSA shift to MCC, but they are unwilling to do so due to the core medical/support services distinction.
- Mr. Vincent-Jones noted HRSA routinely has different names and categories for services than local jurisdictions, and it is simply a mapping exercise (e.g., noting that expenditures for this local category are inserted in this HRSA category), that OAPP has consistently done that for at least a decade, and that there is no reason to compromise the integrity of the MCC model simply because its expenditures have to be reported differently to HRSA than allocated locally. He felt it important to do that with MCC as it represents the new continuum of care, and reminded the Committee that the Commission that the Commission has already agreed to sunset the CM, Medical and Psychosocial (meaning those services will not exist in the continuum any longer) standards once MCC is implemented.
- He added HRSA is clearly interested in LA County's migration to MCC given that it has funded technical assistance to implement it. He reported that HRSA has concerns that some EMAs have simply renamed all of their CM services to CM, Medical in order to qualify them as core medical services, without actually revising their model of care. LA County has, however, fully integrated the two CM categories into a model of care which is significantly different from before.
- Suggestions on how to allocate to MCC in the transitional year included: 1) converting the Case Management, Medical allocation to MCC; 2) making specific category allocations in the first year (e.g., 75% to CM, Medical and 25% to CM, Psychosocial); 3) allocating all to MCC with or without specific sub-category allocations for medical and psychosocial case management; or 4) have a cap on CM, Psychosocial. There was general consensus not to allocate based on a projected implementation date as the plan for that is not yet final.
- Ms. Watt noted Mr. Goodman, Co-Chair, stressed the importance of Outreach as part of MCC implementation planning. Dr. Green said Outreach activities are part of EIS, but separating them and adding them to the MCC RFP has been discussed. The Committee discussed whether it should be funded complimentary to MCC this year, or in FY 2012 once MCC has been eliminated.
- In response to a question, Dr. Green reported that Health Insurance Premiums/Cost-Sharing cannot fund Medi-Cal co-pays as that violates the prohibition against one federal program paying costs of another. It can pay private insurance co-pays and premiums.
- In response to another question, Mr. Vincent-Jones indicated that OAPP chart of recommendations did not include all of the service categories the Commission prioritizes, only those it funds. Dr. Green noted OAPP did not list Work Force Entry/Re-entry as it is not fundable by HRSA. Mr. Vincent-Jones reminded the Committee that all service categories are prioritized in case the Committee decides to fund new services, as it did last year. The full list of service categories represents all services in the HIV continuum of care, for which the Standards of Care (SOC) Committee is responsible. Not all service categories in the continuum of care will be funded at any given time, nor are the all eligible for funding, but all are prioritized.
- ➡ OAPP will make a presentation to the Commission on NCC and how it is used in a couple of months.
- ➡ Correct Fiscal Year 2011 Service Category Rankings to reflect that the FY 2010 allocation for CM, Housing is 0.0%.

10. **NUTRITION SUPPORT STUDY:** This item was postponed.

11. **PROCUREMENT/SOLICITATION PROCESS REFORM:** This item was postponed.

12. **ADVERSITY SECTORS:** This item was postponed.

13. **GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.

14. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.

15. **MONITORING GOALS/OBJECTIVES:** This item was postponed.

16. **COMMITTEE WORK PLAN:** This item was postponed.

17. **OTHER STREAMS OF FUNDING:** This item was postponed.

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18. **STANDING SUBCOMMITTEES:** This item was postponed.

19. **NEXT STEPS:** There was no additional discussion.

20. **ANNOUNCEMENTS:** There were no announcements.

21. **ADJOURNMENT:** The meeting was adjourned at 3:45 pm. The next meeting will be 6/22/2010, 1:30 to 4:30 pm, 3530 Wilshire Boulevard, 7th Floor, Training Rooms A and B. Completion of allocation-setting is planned.